

Intervention: Self-management teaching programs and morbidity of pediatric asthma

Finding: Sufficient evidence for ineffectiveness

Potential partners to undertake the intervention:

- | | |
|---|--|
| <input type="checkbox"/> Nonprofits or local coalitions | <input type="checkbox"/> Businesses or labor organizations |
| <input type="checkbox"/> Schools or universities | <input type="checkbox"/> Media |
| <input type="checkbox"/> Health care providers | <input type="checkbox"/> Local public health departments |
| <input type="checkbox"/> State public health departments | <input type="checkbox"/> Policymakers |
| <input type="checkbox"/> Hospitals, clinics or managed care organizations | <input type="checkbox"/> Other: |

Background on the intervention:

Self-management programs are an important element in the management of pediatric asthma. This study was done to evaluate the impact of self-management teaching programs on morbidity of pediatric asthma.

Findings from the systematic reviews:

Randomized clinical trials conducted between 1970 and 1991 addressing morbidity outcomes were included. Twenty-three met these criteria, and 12 of those were excluded, leaving 11 for consideration.

Studies indicated that self-management teaching did not reduce school absenteeism, asthma attacks, hospitalizations, hospital days, or emergency department visits. Thus, these types of self-management teaching programs do not seem to reduce morbidity. Future programs should focus more on intermediate outcomes such as behavior.

Limitations/Comments

The quality of the studies included was reported as fair. There were some weaknesses identified in experimental design. However, the authors do not think these had an impact on the results of the meta-analysis.

Reference:

Bernard-Bonnin AC, Stachenko S, Bonin D, Charette C, Rousseau E. Self-management teaching programs and morbidity of pediatric asthma: a meta-analysis. *J Allergy Clin Immunol.* 1995 Jan;95(1 Pt 1):34-41.